

**REGION 4 PLANNING BOARD**

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**BEHAVIORAL HEALTH/ DEVELOPMENTAL DISABILITIES/ADDICTIVE DISEASES**

**FISCAL YEAR 2013 ANNUAL PLAN**



## **SECTION 1: EXECUTIVE SUMMARY**

In Fiscal Year 2010, the Department of Behavioral Health and Developmental Disabilities (DBHDD) initiated a range of structural changes that resulted in the creation of a sixth Region. Regional boundaries were changed to match the boundaries of the (6) Regional State Hospitals. The sixth Regional Office began full operation on October 1, 2010, with the office located at West Central Georgia Regional Hospital (WCGRH) in Columbus.

For many years Region 4 served 41 counties and three state hospitals. The new boundaries for Region 4 are the same as the 24-county service area of Southwestern State Hospital (SWSH). The region is rather square shaped starting on the Western border with Seminole County moving North to Early and Terrell and then East to Ben Hill County and finally South to Echols County. The general consensus is that the new regional configuration will have significant benefits as services shift into the communities.

The Region 4 Office remains located on the campus of SWSH. On June 1, 2010, Kenneth Brandon was named to serve as the Regional Coordinator for Region 4 after serving in an acting role for the previous year. The Planning Board voted to retain existing officers Dr. Charles Stafford (Chair), Carol Emerson (Vice-chair), and Linda Floyd (Secretary) to provide continuity during this year of transition for the Board. The Regional Office experienced several other staff changes, including the departure of long-time Administrative Assistant Marilyn Bryant. MHAD Case Expediter Jennifer Dunn was named to fill the vacant Regional Services Administrator position, and Robin Vanwy (formerly with the Georgia Pines CSB) was named to fill the new DD Regional Services Administrator position. The Region 4 Intake & Evaluation Team experienced a number of shifts within its staffing due to the changes in regional boundaries.

Region 4 has been involved with the coordination between the State, SWSH Community Homes staff and local providers in transitioning 9 Community Homes with 4 people living in each home. These people have a developmental disability and typically either a complicated medical diagnosis or Behavioral Health diagnosis. The services in these homes are being transferred to community providers. The transition arrangements began in September, 2010 and the first home to have services moved is scheduled for March, 2011.

The Region's plans have also been affected by the Settlement Agreement. On October 19, 2010, Governor Sonny Perdue announced that the State of Georgia and the US Department of Justice (DOJ) reached a settlement agreement to avoid direct federal control of the state's services for people with developmental disabilities and mental illness. The Settlement Agreement combined with the Olmstead decision and the CRIPA agreement set the foundation for goals and funding BHDD services for the next five years. The Agreement lays aside a DOJ lawsuit brought earlier this year under the Americans with Disabilities Act.

On the Developmental Disability side of the Agreement, the state has agreed to stop admitting people to hospitals such as SWSH whose primary diagnosis is a developmental disability by July 2011. Instead, homes with the proper supports will be developed in the communities.

In addition, the State agreed to provide supports for those who are being served in the State Hospitals and would prefer to live in the community by July 1, 2015. For Region 4, this means that

the 87 people being served in Rose Haven who have developmental disabilities and/or behavioral health diagnosis, autism, and/or complex medical conditions will be transitioned into the community if they desire. New homes are being developed and presented to these individuals as options of places to live in their home communities. Appropriate medical staff is being identified to serve the people in their homes and in the community and day service centers are being modified to accommodate special needs.

By July 2011 Region 4 will have a comprehensive Crisis Response System for people with developmental disabilities. The system begins with a mobile team to provide emergency response in the community, crisis respite beds, and a crisis home.

New waiver funded services are being placed in the state as a result of the Settlement Agreement. By July 1, 2015 a total of 1150 home and community based waivers will be in place: 750 of those being utilized to help transition individuals from State Hospitals to communities and 400 of those to help prevent the institutionalization of those individuals currently living in the community.

In addition, 2350 families will receive family supports in Georgia by July 1, 2015 as a result of the Settlement Agreement. These supports help those families continue to care for a family member with a developmental disability at home.

On the Behavioral Health side, the Settlement Agreement also provides for expanded community-based services for approximately 9,000 individuals with mental illness. The five year plan includes adding a variety of services. By July 1, 2015 there will be a total of 22 ACT Teams, 2,000 individuals receiving state funded housing assistance, 14 Intensive Case Management Teams, 540 individuals receiving bridge funding, 550 (new) individuals receiving supported employment, 35 community hospital beds funded, 8 Community Support Teams, 3 new Crisis Stabilization Programs, 835 (new) individuals receiving peer supports, 45 Case Management Services, 6 new Crisis Service Centers, 18 Crisis Apartments, and all 159 counties with capacity to receive mobile crisis service coverage.

## **PRIORITIES FOR FY13**

### **1. Adults with Mental Illness:**

- Expand utilization of supportive housing services through HUD housing vouchers.
- Develop an additional Treatment Court program in Region 4.

### **2. Children and Adolescents with Serious Emotional Disturbance:**

- Improve information sharing and education of community stakeholders regarding service availability in Region 4.
- Expand availability of in-school services.

### **3. Persons with Developmental Disabilities:**

- Improve availability of respite care for adult consumers in Region 4.
- Develop more placement options for individuals with complex medical needs.
- Facilitate regional training opportunities designed to improve the competence of provider agencies in serving individuals with complex behavioral and medical needs.

#### **4. Adults with Addictive Diseases:**

- Develop an additional Treatment Court program in Region 4.

#### **5. Adolescents with Addictive Diseases:**

- In conjunction with the Division of Addictive Diseases explore the possibility of developing a Clubhouse program in Region 4.

#### **6. Individuals with Dual Diagnoses**

- Reduce the number of consumers with BH/DD who are currently being served on our AMH units in our hospitals.

#### **7. All Disabilities:**

- Working with the Regional Transportation Coordinator, develop a transportation survey to identify areas of need not being met by the current regional transportation system.

### **COMPOSITION OF REGIONAL PLANNING BOARD**

Region 4 is comprised of 24 counties. The names of Board Members and the counties they represent are as follows:

<b>COUNTY</b>	<b>BOARD MEMBER</b>		<b>COUNTY</b>	<b>BOARD MEMBER</b>		<b>COUNTY</b>	<b>BOARD MEMBER</b>
Baker	Grace Miller		Dougherty	Vacant		Miller	Vacant
Ben Hill	Vacant		Early	Mike Collier		Mitchell	Vacant
Berrien	Vacant		Echols	Vacant		Seminole	Vacant
Brooks	Nancy Tennyson		Grady	Glenda Creech		Terrell	Margaret Holbrook
Calhoun	Rebecca Avera		Irwin	Vacant		Thomas	Bonnie Seery
Colquitt	Deborah Cox		Lanier	Vacant		Tift	Roosevelt Russell
Cook	Vacant		Lee	Carol Emerson (Vice Chair)		Turner	Vacant
Decatur	Charles Stafford, M.D. (Chair)		Lowndes	Linda Floyd (Secretary)		Worth	Becky Geer
Dougherty	Judy Gaines		Lowndes	Napoleon Bryant			

## **SECTION 2: DESCRIPTION OF REGION**

Region 4 consists of 24 counties in the far Southwest corner of Georgia. An analysis of the population data from the United States Census Bureau, 2009 County Population Estimates indicates an overall average of 13.5% in the 0-8 age range, 12.8% in the 9-17 range, 61.3% in the 18-64 range, and 12.4% in the 65 and older range. The population is made up of 48.7% Males and 51.3% Females. Caucasian's represent 60.4%, African American's 37.5%, and the Hispanic or Latino population represents 5.2% of the total population.

Region 4 is an extremely diverse geographic area. There are large metropolitan areas, with significant economic development, institutions of higher learning and a growing population base. On the other hand, the majority of the Region is rural in nature, with agriculture as the primary industry and high rates of poverty among the population. Census data (as provided by United States Census Bureau, released June 2010) indicate that 16 of the 24 counties have poverty levels of 45% or greater. Seniors, single heads of household, migrant workers, minorities, and mentally and/or physically challenged persons struggle to rise above the poverty level. The per capita income ranges from a low of \$19,960 in Echols County to a high of \$32,693 in Thomas County. Medicaid Recipients make up 30.8% of the total population in Region 4.

The chart below shows the estimated need for services by disability category and how Region 4 performed relative to FY10 service data. It indicates that Region 4 is exceeding the state average considerably in services to the Adult MH, C&A Mental Health, Adolescent AD, and DD populations. Services to the Adult AD population is slightly above the State average.

<b>Disability</b>	<b>Total Population</b>	<b>Estimated # Needing Services</b>	<b>Number Served</b>	<b>Percent of Need Met In Service Area</b>	<b>State Average</b>
Adult BH	455,506	24,599	12,841	52.2%	28.6%
C&A BH (ages 9-17)	78,985	6,317	2,896	45.8%	30.6%
DD	617,562	7,103	1,561	22%	11.5%
Adult AD	455,506	55,061	2,587	4.7%	3.29%
Adolescent AD (ages 12-17)	53,239	2,888	184	6.37%	3.28%

- BH = Behavioral Health
- C&A = Child & Adolescent
- DD = Developmental Disabilities
- AD = Addictive Diseases
- DD population equals the total population of Region (adults and children)

### **SECTION 3: ASSESSMENT OF REGIONAL NEEDS**

The Region 4 Assessment of Needs documented in this section is compiled from community forums, surveys, and other data provided to the Department of BHDD.

Needs assessment forums were conducted in Albany, Thomasville, and Valdosta. Consumers, family members, Region 4 Board Members, Legislative Representatives, and provider agencies participated. Participants were asked to identify their top 5 priorities at these forums, they are documented as follows:

#### **Mental Retardation/Developmental Disabilities**

##### **ALBANY COMMUNITY SERVICE BOARD – ALBANY (1/12/11)**

##### **(11 Participants)**

1. Adult Respite Care
2. Transportation – especially in rural areas
3. Nutrition Training or a Nutritionist
4. Increased Training for Support Coordinators

## **COMMUNITY RESOURCE CENTER – THOMASVILLE (1/18/11)**

### **(12 Participants)**

1. Simplify Intake and Evaluation Process; especially for children approaching 18 years of age
2. Keep community at large informed concerning status of people being served in Rosehaven and other DD facilities to minimize rumor and fear
3. Increase availability of experienced (DD) primary care physicians and dental services
4. Improve training for families to make a choice on the services they want: particularly Self Direct Programs
5. Increase training opportunities for families and provider staff

## **VALDOSTA CITY HALL ANNEX - Valdosta (1/25/11)**

### **(64 Participants)**

1. Respite Care (Children and Adults)
  - a. Respite Out of Home for Adults
  - b. Crisis Respite
2. Education and Awareness about Services and Resources
3. Expand Provider Pool to Include Special Needs, 1:1, and Daycare
4. More and Quality Behavior Supports Training for Providers (i.e. On-Site)
5. Urgent Need for New Services for Unidentified Families in the Community

## **Adult Behavioral Health**

## **ALBANY COMMUNITY SERVICE BOARD – ALBANY (1/12/11)**

### **(11 Participants)**

- More intensive case management for chronically mentally ill.
- Funding for Mental Health Court for more case managers and treatment (similar to the funding the Albany area has).
- Improved agency collaboration to allow providers access to the rural counties to serve those with transportation issues.
- Medicaid coverage for dental services in the adult population.
- Reinstitute TAPP services.

## **COMMUNITY RESOURCE CENTER – THOMASVILLE (1/18/11)**

### **(12 Participants)**

- There is a deficiency with continuity of care which leads to individuals who do not meet criteria for state hospital and as a result are "housed" in the local hospitals, emergency rooms, and jails. These agencies often have trouble finding placement.
- The need for more frequent and reliable transportation for those who are not going to a Medicaid billable service
- Better facilitation and fostering of a partnership between Northside/Archbold and South Western State Hospital.
- The need for doctors in the community to serve those discharged and require follow up medical services.
- The need for community dental services.

## **VALDOSTA CITY HALL ANNEX - Valdosta (1/25/11)**

### **(64 Participants)**

- Transportation.
- Greater focus on education and awareness. This would include a "resource cheat sheet", BH representatives in the school systems, jails, and soup kitchens.
- Access to more housing options such as shelter plus care, supportive and semi-independent placements.
- Availability to provide medical and dental care for the indigent
- Coordination and consistency across services, more staff and more activities for consumers.

Other issues addressed:

- Support to assist individuals with cooking meals, laundry, and other basic daily living skills.
- CSI services on weekends and after hours.
- Group support services for rape counseling.
- On-line directory of all mental health services.

## **Adult Addictive Diseases**

### **VALDOSTA CITY HALL ANNEX - Valdosta (1/25/11)**

#### **(64 Participants)**

1. The need for more Treatment Courts.
2. Availability to receive treatment in jail.
3. Once consumers are eligible for release from jail the need for transition house with treatment components.
4. Increase the availability of Shelter Plus Care
5. Decrease the obstacles that persons with felony charges are challenged with.

## **Child and Adolescent**

### **ALBANY COMMUNITY SERVICE BOARD – ALBANY (1/12/11)**

#### **(11 Participants)**

1. Access to adequate Behavioral Health services.

### **COMMUNITY RESOURCE CENTER – THOMASVILLE (1/18/11)**

#### **(12 Participants)**

1. Need access to services for children whose families drop them off at the local Emergency Rooms.

### **VALDOSTA CITY HALL ANNEX - Valdosta (1/25/11)**

#### **(64 Participants)**

1. Accessible transportation to necessary non medical services.
2. Increase in autism funding.
3. Develop a synergy between DJJ, DFCS, Behavioral Health and other agencies to ensure access to more concrete programs.
4. Need for diagnostic treatment services for children under age 6.
5. Gaps within Medicaid, CMO, and private insurance

Other issues addressed:

6. Establishment of primary care needs for C&A.
7. Interest in sponsoring Clubhouses (SA).

8. Increase use of telepsychiatry.
9. Better transition planning for SED kids moving to adulthood, employment, etc.
10. Availability to have local access to long term residential treatment, variability in payor source, and authorization of services.
11. Early intervention and detection of SED needs.
12. Need for a central resource for families.

### **CONSUMER NETWORK CONFERENCE – ST. SIMONS ISLAND (8/24/10 - 8/25/10)**

Consumers identified their top 5 priorities at the Consumer Conference this past year. They are listed as follows:

1. Affordable housing
2. Transportation
3. Jobs, Employment, Supported Employment
4. Educational Opportunities, Supported Education, Job Training
5. Higher Wages for Peer Staff

### **PROVIDER SURVEYS**

Providers in Region 4 were asked to document their top priorities/needs by disability category. Fifteen (15) agencies responded, and results are as follows in rank order:

#### **Adult Mental Health**

- More residential capacity/options (4 responses)
- Transportation (2 responses)
- Utilization of telehealth and billing capability
- Utilize go-to-meeting for training for all staff and provider meetings
- Access to psychiatric services
- More funding for training in Psychosocial Rehab
- Assistance in integrating MH services with Person Centered Plans
- Medications for indigent
- More funding for training in whole healthcare for treatment planning
- More funding for job support training
- Female ITR group home
- Additional Forensic Community Integration Home
- ACT team for the west counties of the region (Seminole, Decatur, Miller, etc.)
- Allow ACT consumers to attend PSR programs
- Forensic ACT team for the region
- Establish an ACT step-down program (CIS)

#### **Adult Addictive Diseases**

- More residential capacity/options – such as shelter plus care, structured group home and long term recovery placement options (2 responses)
- Transportation (2 responses)
- Greater access to groups (2 responses)
- Funding for community based day programs
- An intensive outpatient program in each county
- Technical Assistance in setting up Intensive Outpatient Program services



- Utilize go-to-meeting for training for all staff and provider meetings
- Continuation of Dual Diagnosis residential recovery program with consideration of increasing the number of beds to provide for the growing statewide need. This may help to decrease admission delays due to long waiting lists.
- Assistance in integrating SA services with Person Centered Plans

### **Child & Adolescent Mental Health**

- Transportation
- More funding for respite care/homes
- Funding for support groups for parents
- Training for play therapy
- Funding to increase availability of treatment
- C&A Crisis Centers
- C&A Mobile Crisis Services
- Funding for in-home family intervention services
- Clear communication and collaboration between state office and community providers
- Utilize go-to-meeting with training and provider meetings.
- Assistance with CMO pre-authorizations and denials

### **Adolescent Addictives Diseases**

- SA Residential housing capacity/options
- Clubhouse - outpatient adolescent services (2 responses)
- Funding for parent supports and education
- Female adolescent group home
- Long term alternative placement options for more chronic consumers
- Utilize go-to-meeting with training and provider meetings.
- Assistance with CMO pre-authorizations and denials

### **Mental Retardation/Developmental Disabilities**

- More waiver slots (5 responses)
- Additional funding for handicapped vehicles (3 responses)
- More funding for respite care (2 responses)
- Streamline the process for adding services and new providers. (i.e.: reduce redundancy of paperwork) (2 responses)
- Documentation template approved by Medicaid/State (2 responses)
- Additional training in this area (2 responses)
- More residential options and choices (2 responses)
- Funding for Support Coordination Services for those needing day and residential services
- More funding for transportation
- Need crisis respite capacity for the community
- Less bureaucracy and regulation
- Funding for pilot projects with statewide significance
- Assistance with policy compliance with provider manual requirements
- Assistance with applying for exceptional rates
- Assistance in locating appropriate resources
- Department to listen to recommendations from licensed providers
- Assistance with leisure and social activities

- More residential options and choices
- Assistance with dental, vision and podiatry care
- Homes that meet or exceed ADA requirements and the complex requirements of individuals being discharged
- Providers who have vehicles that will accommodate individuals in wheelchairs.
- Utilize go-to-meeting with training and provider meetings
- Assistance in integrating services with Person Centered Plans
- Qualified behavior trained personnel to provide needed modifications in the BSP, to coach staff in the implementation of recommendations, and to monitor the plan for efficacy. Qualified person needs to be able to handle simple modifications to behaviors that would normally require a TIC admission
- Vast curriculum from which program participants can choose person centered goals (because some don't when they don't have any or can only come up with a few)

### **Co-Occurring Disorders**

- Increase training opportunities in Southwest Georgia to provide more staff certified in Dual Diagnosis. (2 responses)
- Assistance for staff to obtain licensure
- Provide the platform for providers to collaborate and partner in the community to meet the needs of the individuals served in the community
- Community support for AA/NA type groups
- Transportation
- Housing assistance
- Counseling for inpatient individuals to expedite discharge
- Increase inpatient capacity
- Waiver services in the community prepared and willing to accept adults discharged from nursing homes
- Utilize go-to-meeting for training for all staff and provider meetings
- Assistance in integrating services with Person Centered Plans

### **Autism**

- Increase Medicaid funded services in general. There is a lack of medical and therapy services available to this population (3 responses)
- More family training, education, and support (2 responses)
- More funding for respite and residential options (3 responses)
- Diagnosis and evaluation capabilities in rural Georgia
- Assist providers who are willing to serve this population due to having co-occurring Behavior Health diagnosis
- Fund additional satellite clinics like the Marcus Institute program in Albany
- Lack of identified providers
- Community education on availability and access to services
- Staff training on this topic in this region
- Special day programs at service centers

### **State Hospital**

- Need for a longer length of stay for severely mentally ill consumers
- Increase follow up upon discharge for individuals awaiting their outpatient appointment

- Assistance with obtaining discharge summaries from hospitals in a timely manner
- Continued outpatient dental services
- More collaboration on discharge planning with CSB's
- Regional transport services between hospital, jails, ERs, and CSB
- Training for providers to meet the complex needs of individuals being discharged

## **SECTION 4: PRIORITIES FOR FY13**

### **1. TARGET POPULATION - Adults with Serious Mental Illness**

#### **SERVICE PRIORITY**

- Expand utilization of supportive housing services through HUD housing vouchers.

#### **RATIONALE**

- The ADA Settlement Agreement with the Department of Justice requires a considerable expansion of supported housing services. The Region has the opportunity to utilize these services (using HUD housing vouchers) to free up capacity in more intensive residential options. Basically, this option would broaden the housing opportunities for consumers in the Region.

#### **SERVICE PRIORITY**

- Develop Additional Treatment Court program in Region 4

#### **RATIONALE**

- Treatment Court programs have proven to be very successful in reducing the number of consumers with chronic mental illness and/or substance abuse diagnoses served in local/county jails. Programs operated State and Superior Courts in conjunction with behavioral health providers provide individuals the option of accepting treatment services in lieu of more punitive outcomes through the legal system. At present there are Treatment Courts in operating in the Albany and Georgia Pines service areas. Behavioral Health Services (BHS) of South Georgia has begun to build relationships with some courts in their service, and Region 4 proposes to work with BHS to develop a Treatment Court.

### **2. TARGET POPULATION - Children and Adolescents with Serious Emotional Disturbance**

#### **SERVICE PRIORITY**

- Improved information sharing and education of community stakeholders regarding service availability in Region 4.

#### **RATIONALE**

- Region 4 community forums have revealed the need to improve information sharing and education in local community and with involved stakeholders regarding access to and availability of behavioral health services for children and adolescents. Region 4 will build on the work being performed by the Local Interagency Planning Teams (LIPT) to expand such learning in local communities. Region 4 will charge the LIPT's with recommending strategies to achieve this goal.

### **3. TARGET POPULATION - Persons with Developmental Disabilities**

### **SERVICE PRIORITY**

- Improve availability of respite care for adult consumers in Region 4.

### **RATIONALE**

- Region 4 has the need to expand the availability of planned respite care for adult consumers. The Region will work with its primary provider of respite services to utilize an increased portion of available respite care funding to purchase vacant bed space (on an as needed basis) in licensed homes serving DBHDD consumers.

### **SERVICE PRIORITY**

- Develop more placement options for individuals with complex medical needs.

### **RATIONALE**

- During the next four (4) years, Region 4 has the responsibility to facilitate transitions from hospitals to the community for many individuals with developmental disabilities. A considerable majority of these individuals are non-ambulatory and have complex medical conditions. Presently, Region 4 has limited provider capacity to meet the needs of this special population. The Region will work with existing providers to develop the needed skill sets, but will also need to possibly pursue providers from other states and/or locations with proven track records providing services to this population.

### **SERVICE PRIORITY**

- Facilitate regional training opportunities designed to improve the competence of provider agencies in serving individuals with complex behavioral and medical needs.

### **RATIONALE**

- Region 4 has a very specific need to provide local training to meet this need and respond to the expectation of consumer transition to the community as outlined in the ADA Settlement Agreement with the Department of Justice.

## **4. TARGET POPULATION - Adults with Addictive Diseases**

### **SERVICE PRIORITY**

- Develop an additional Treatment Court program in Region 4.

### **RATIONALE**

- Treatment Court programs have proven to be very successful in reducing the number of consumers with chronic mental illness and/or substance abuse diagnoses served in local/county jails. State and Superior Court operated programs in conjunction with behavioral health programs provide individuals with the option of accepting treatment services in lieu of more punitive outcomes through the legal system. At present there are Treatment Courts in operating in the Albany and Georgia Pines service areas. Behavioral Health Services (BHS) of South Georgia has begun to build relationships with some courts in their service, and Region 4 proposes to work with BHS to develop a Treatment Court.

## **5. TARGET POPULATION – Adolescents with Addictive Diseases**

## **SERVICE PRIORITY**

- In conjunction with the Division of Addictive Diseases, explore the possibility of developing a Clubhouse program in Region 4.

## **RATIONALE**

- The Clubhouse program is a non-traditional treatment setting for adolescents who experience problems with substance abuse. It does not look or operate like a “normal” treatment setting, but rather provides a non-threatening and non-stigmatizing venue for assisting kids in “kicking the habit”. Typically these programs look somewhat like a Boys and Girls Club, but with a specialized mission to address substance abuse issues. The State and Region have a very low percentage of meeting the estimated need of adolescents in this population. However, where Clubhouse programs have been developed and operated there has been improvement in the number of kids served in those areas.

## **6. TARGET POPULATION – Individuals with Dual Diagnoses**

### **SERVICE PRIORITY**

- Reduce the number of consumers with BH/DD who are currently being served on our AMH units in our hospitals.

### **RATIONALE**

- As access to TIC admissions in our hospital facilities has decreased in the last year, there has been an increase in dually diagnosed consumers (developmentally disabled with mental health diagnoses as well) served on the adult psychiatric unit at Southwestern State Hospital. The Region needs to work aggressively to report these consumers to the Division of DD and advocate for funding to serve them in the community. As the Crisis Services come on line (as outlined in the ADA Settlement Agreement), the Region will need to assure that these consumers are (in most instances) directed to the Crisis Support Homes rather than admitted to adult psychiatric units.

## **7. TARGET POPULATION – All Disabilities**

### **SERVICE PRIORITY**

- Work with the Regional Transportation Coordinator to develop a transportation survey to identify areas of need not being met by the current regional transportation system.

### **RATIONALE**

- Region 4 increasingly has transportation needs that are going unmet. As more emphasis is placed on community vs. hospital services and the transition of more consumers from hospital to communities, the transportation needs of the Region continue to increase. Provider agencies do not have the resources to purchase new vehicles to meet this increasing need. The Region must look to the Coordinated Transportation system for assistance in developing a strategy to assess this unmet need and plan for how this need will be funded.